AO 440 (Rev. 10/93) Summons in a Civil Action

# **United States District Court**

## NORTHERN DISTRICT OF CALIFORNIA

RICHARD JOSEPH CRANE

SUMMONS IN A CIVIL CASE

CASE NUMBER: CV 07-04620 JF

V.

D. AMBRIZ, ET AL

TO:

CHIEF DISCIPLINARY OFFICER D.M. MANTEL SALINAS VALLEY STATE PRISON

31625 HWY 101

P.O. BOX 1050

SOLEDAD, CA 93960

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY RICHARD J. CRANE C-44519
SALINAS VALLEY STATE PRISON
31625 HWY 101
P.O. BOX 1050
SOLEDAD, CA 93960

an answer to the complaint which is herewith served upon you, within **20** days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

CLERK

March 7, 2008

DATI

Gordana Macic (BY) DEPUTY CLERK

U.S. Department of Justice
United States Marshals Service

Document 9

PROCESS RECEIPT AND RETURN
See Instructions for "Service of Process by the U.S. Months and the reverse of this form."

See Instructions for "Service of Process by the U.S. Marshal"

SERVE    NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROCESS   SER BELOW	PLAINTIFF RICHARD JOSEPH CRANE							COURT CASE NUMBER				
D. AMPRIX, ET AL  SERVE    NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEM D.H. NAMETL, CHIEF DISCIPLINARY OFFICER SALIMAS VALLEY STATE PRISON   ADDRESS (Street or RFD. Apartment No. City, State and ZIP Code)   31625 TRNY 101; P.O. BOX 1050 SOLEDAB, CA 93960   SEND NOTICE OF SERVICE COPY OR REQUESTER AT NAME AND ADDRESS BELOW.   Number of process to be served with this form - 285     RICHARD JOSEPH CRAHE C-44519 SALIMAS VALLEY STATE PRISOR 31625 HWY 101; P.O. BOX 1050   Number of parties to be served in this case     SOLEDAD, CA 93960   Number of parties to be served in this case     Check for service   on U.S.A.     SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, A. Repiphone Numbers, and Estimated Times Available For Service)   1. SURMORS AND COMPLAINT     2. ORDER OF SERVICE   DEFENDANT     2. ORDER OF SERVICE     Signature of Autorney or other Originator requesting service on behalf of:   PLAINTIFF     CORDANA MACIC   DEFENDANT     3/11/2008   DEFENDANT     CORDANA MACIC   DEFENDANT     5/11/2008   DEFENDANT   DEFENDANT     1. SURMORS AND COMPLAINT     2. ORDER OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE     1. SURMORS is submitted)   During longer of process indicated.     1. SURMORS is submitted)   During longer of process indicated.     1. SURMORS is submitted)   During longer of process indicated.     1. SURMORS is submitted)   During longer of process indicated.     1. SURMORS is submitted)   During longer of process indicated.     2. ORDER OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE     1. SURMORS is submitted)   During longer of process indicated.     1. SURMORS is submitted)   During longer of process indicated.     2. ORDER OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE     3/11/2008   During longer of process indicated.     1. SURMORS is submitted)   During longer of process indicated.     2. ORDER OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LIN								C07-04620 JF TYPE OF PROCESS				
D.H. MANTEL, CHIEF DISCIPLINARY OFFICER ADDRESS (Sizeet or RFD. Aparment No. City, State and ZIP Code) 31625 RNY 101; P.O. BOX 1050 SOLEDAD, CA 93960  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  RICHARD JOSEPH CRAFE C-44519 SALIRAS VALLEY STATE PRISOR 31625 RWY 101; P.O. BOX 1050 SOLEDAD, CA 93960  RICHARD JOSEPH CRAFE C-44519 SALIRAS VALLEY STATE PRISOR 31625 RWY 101; P.O. BOX 1050 SOLEDAD, CA 93960  Check for service on U.S.A.  Number of parties to be served in this case 6 Check for service on U.S.A.  Rightwore Numbers, and Estimated Times Available For Service):  1. SUMMORS AND CORPLAINT 2. ORDER OF SERVICE  SIgnature of Attorney or other Originator requesting service on behalf of:  CREAK AGE  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Addresses, A.  Rightwore Numbers, and Estimated Times Available For Service):  1. SUMMORS AND CORPLAINT 2. ORDER OF SERVICE  Signature of Attorney or other Originator requesting service on behalf of:  CREAK AGE  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Addresses, A.  Rightwore Numbers, and Estimated Times Available For Service):  1. SUMMORS AND CORPLAINT 2. ORDER OF SERVICE  Signature of Attorney or other Originator requesting service on behalf of:  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Addresses, A.  Rightwore of Attorney or other Originator requesting service on behalf of:  SIGNATURE OF AUTOMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Addresses, A.  Signature of Attorney or other Originator requesting service on behalf of:  SIGNATURE OF AUTOMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Addresses, A.  SIGNATURE OF AUTOMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Addresses, A.  Signature of Attorney or other Originator requesting service on be												
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  RICHARD JOSEPH CRAPE C-44519 SALINAS VALLET STATE PRISOR 31625 BY 101; P.O. BOX 1050 SOLEDAD, CA 93960  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, A. Relephone Numbers, and Estimated Times Available For Service):  1. SURNOWE AND COMPLAINT 2. ORDER OF SERVICE  SIGNATURE OF Automey or other Originator requesting service on behalf of:  CORDANA MACIC  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE 1 acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more how. No. No. No. No. No. No. No. No. No. No	SERVE (	V L'										
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  RICHARD JOSEPH CRAPE C-44519 SALIRAS VALLET STATE PRISON 31625 HWT 101; P.O. BOX 1050  SOLEDAD, CA 93960  Check for service on U.S. A.  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, A. Telephone Numbers, and Estimated Times Available For Service):  1. SURMONS AND COMPLAINT 2. ORDER OF SERVICE  Signature of Attorney or other Originator requesting service on behalf of:  COEDARA MACIC  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, A. Telephone Numbers, and Estimated Times Available For Service):  Signature of Attorney or other Originator requesting service on behalf of:  DEFENDANT  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE 1 acknowledge recipit for the total number of process indicated. (Sign only first USM 285 if more)  No. No Serve (Signature of Authorized USMS Deputy or Clerk On the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below on the individual served (if not shown above)    I hereby certify and return that   have personally served.   have legal evidence of service.   have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., shown at the address inserted below.    A person of suitable age and discretion then residing in the defendant issual place of abode.  Address (complete only if different than shown above)	- ▼ {	ADDRESS (Str	eet or RFD,	Apartment	No., City, Stat	e and ZIP Code)						
SIGNATURE OF ALLINY STATE PRISON 31625 MWT DOI; P.O. BOX 1050  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, A. Telephone Numbers, and Estimated Times Available For Service):  1. SURGIONS AND CORPLAINT 2. ORDER OF SERVICE  SIGNATURE OF SERVICE  SIGNATURE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE (Sign only first USM 285 is submitted)  I bereby certify and return that I may be personally served. Mo.  I hereby certify and return that I may be personally served. Mo whose or on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.  Address (complete only if different than shown above)  Date of Service Time  Signature of U.S. Marshal or Deputy	AT (	31625 MVY	101; P	.0. 30	X 1050 S	OLEDAD, CA 9	3960					
SALIKAS VALLET STATE PRISOR 31625 RWY 101; P.O. BOX 1050 SOLEDAD, CA 93960  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, An Telephone Numbers, and Estimated Times Available For Service):  1. SURNORS AND CORPLAINT 2. ORDER OF SERVICE  Signature of Attorney or other Originator requesting service on behalf of:  COEDARA MACIC  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE Coefficient of Origin (Sign orby first USM 285 if more than one USM 285 is submitted)  No. No. No.  Intervolve certify and return that I may personally served. In ave legal evidence of service. The recommendation and the individual, company, corporation, etc., at the address shown above)  Aperson of suitable age and discretion then residing in the defendant usual place of abode.  Address (complete only if different than shown above)  Date of Service Time  Signature of U.S. Marshal or Deputy	SEND NOTICE	OF SERVICE COP	Y TO REQU	ester at	NAME AND	ADDRESS BELOW:		•				
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Alternate Addresses, Alternate of Attorney or other Originator requesting service on behalf of:  1. SURMORS AND COMPLAINT 2. ONDER OF SERVICE  Signature of Attorney or other Originator requesting service on behalf of:  DEFENDANT  DEFENDANT  TELEPHONE NUMBER 408-535-5382  JAI1/2008  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)  No.  No.  No.  No.  Thereby certify and return that I have personally served. have legal evidence of service. have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., shown at the address inverted below.  Thereby certify and return that I am unable to locate the individual, company, corporation, etc., shown at the address inverted below.  Address (complete only if different than shown above)  Date of Service Time  Signature of U.S. Marshal or Deputy	SALINAS VALLEY STATE PRISON 31625 MWY 101; P.O. BOX 1050						served with this Form - 285			2		
SIGNATURE OF Automey or other Originator requesting service on behalf of:  GORDANA MACIC  SIGNATURE OF USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE  I acknowledge receipt for the total number of process indicated.  (Sign and triff and return that I am apple to locate the individual, company, corporation, etc., at the address shown above)    Check for service on U.S. A. Assist in Next. Name and title of individual served (if nor shown above)    Check for service on U.S. A. Assist in Next. Name and Alternate Addresses, A. Telephone Numbers and Alternate Addre								•		6		
Signature of Attorney or other Originator requesting service on behalf of:   CORDARA MACIC									vice			
1. SUPPRIORS AND CORPLAINT 2. ORDER OF SERVICE  Signature of Attorney or other Originator requesting service on behalf of:  GORDARA HAGIC  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE 1 acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 if more than one USM 285 is submitted)  Thereby certify and return that I   have personally served.   have legal evidence of service.   have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.  I hereby certify and return that I am unable to locate the individual, company, corporation, etc., shown at the address inserted below.  Address (complete only if different than shown above)  Date of Service Time  Signature of U.S. Marshal or Deputy						SIST IN EXPEDITIN	G SERVI	ICE (Inclu	de Business and	Alternate A	Addresses, All	
Signature of Attorney or other Originator requesting service on behalf of:  GORDARA MACIC  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE  I acknowledge receipt for the total number of process indicated.  (Sign only first USM 285 if more than one USM 285 is submitted)  Thereby certify and return that I   have personally served,   have legal evidence of service.   have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.  I hereby certify and return that I am unable to locate the individual, company, corporation, etc., shown at the address inserted below.  Address (complete only if different than shown above)  Date of Service  Signature of Authorized USMS Deputy or Clerk  Date  District  to Serve  Signature of Authorized USMS Deputy or Clerk  Date  Onto Signature of Authorized USMS Deputy or Clerk  Date  A person of suitable age and discretion then residing in the defendant usual place of abode.  Address (complete only if different than shown above)  Date of Service  Time  Signature of U.S. Marshal or Deputy		ers, and Estimated 1	limes Availal	ble For Sea	rvice):						Fold	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE  I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)  Thereby certify and return that I   have personally served,   have legal evidence of service,   have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.  I hereby certify and return that I am unable to locate the individual, company, corporation, etc., shown at the address inserted below.  A person of suitable age and discretion then residing in the defendant usual place of abode.  Address (complete only if different than shown above)  Signature of U.S. Marshal or Deputy	Signature of Attori	nev or other Original	tor requesting	service on	behalf of:	<u>**</u>	TEL	EPHONE	NUMBER	DATE		
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE    acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)    I hereby certify and return that I have personally served.   have legal evidence of service.   have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.    I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)    A person of suitable age and discretion then residing in the defendant usual place of abode.    Address (complete only if different than shown above)    Signature of U.S. Marshal or Deputy	CORDINA MACTO					<del></del>	т   4				1/2008	
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)       Total Process District of Origin to Serve No												
number of process indicated.  (Sign only first USM 285 is submitted)  I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.  I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)  Name and title of individual served (if not shown above)  A person of suitable age and discretion then residing in the defendant usual place of abode.  Address (complete only if different than shown above)  Date of Service Time  Signature of U.S. Marshal or Deputy			USE O	,						WIH		
I hereby certify and return that I □ have personally served, □ have legal evidence of service, □ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.  □ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)  Name and title of individual served (if not shown above)  □ A person of suitable age and discretion then residing in the defendant usual place of abode.  Address (complete only if different than shown above)  □ Date of Service □ Time  □ Signature of U.S. Marshal or Deputy	number of process	r of process indicated. of Origin to Serve				Signature of Auth	orized USMS Deputy or Clerk				Date	
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.    I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)    Name and title of individual served (if not shown above)				<u> </u>				•				
Name and title of individual served (if not shown above)  A person of suitable age and discretion then residing in the defendant usual place of abode.  Address (complete only if different than shown above)  Date of Service  Time  Signature of U.S. Marshal or Deputy												
Address (complete only if different than shown above)  Date of Service  Time  Signature of U.S. Marshal or Deputy	☐ I hereby certi	fy and return that (	am unable	to locate t	he individual, c	ompany, corporation,	etc., nam	ned above	(See remarks bel	low)		
Signature of U.S. Marshal or Deputy	Name and title of	f individual served	(if not show	n above)			,	1	cretion then i	residing in t	e and dis- he defendant's	
Signature of U.S. Marshal or Deputy	Address (complete only if different than shown above)								Date of Service	Time	am	
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Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Denosits Amount owed to U.S. Marshallor Amount of Refund									Signature of U.S.	Marshal c	or Deputy	
(including endeavors)	Service Fee	Total Mileage Cha	- 1	arding Fee	Total Charges	Advance Deposits	Amoun	it owed to	U.S. Marshal or	Amount	of Refund	
REMARKS:	REMARKS:		<u> </u>		<u> </u>	l						